



Town of Edgewood
Community Planning & Development
P.O. Box 3610
Edgewood, NM 87015
(505) 286-4519 ext. 3 Fax: 286-4519

SUBDIVISION AND PLATTING APPLICATION

For Municipal Use Only: File No. _____
Date of Receipt: _____
Planning Commission Meeting Date: _____

The undersigned hereby applies for approval under the Town of Edgewood Subdivision Ordinance, for the Plan, submitted herewith and described below:

Application Classification:

_____	Sketch Plan/Pre-Application	
_____	Preliminary/Final Plan	\$ 50.00 per resulting lot
_____	Final Plat	250.00 + 10.00 per resulting lot
_____	Vacation of Plat	
_____	Lot line vacation/adjustment	50.00
_____	Right-of-way vacation	100.00

Applicant : _____ Telephone: _____

Address: _____
Street Address City State Zip Code

Agent: _____ Telephone: _____

Address: _____
Street Address City State Zip Code

Legal Description: _____

Existing Subdivision _____
Project Address _____

Address: _____

Number of Lots Created _____ Total Acreage: _____

Current Zoning: _____

IMPORTANT – PLEASE READ AND REVIEW

- ☐ Check if there are any easements on the property and show them on all concept and preliminary plats.
- ☐ Check if there are any drainage or stormwater facilities on the property and show them on all concept and preliminary plats.
- ☐ Check if there are any encroachments on current or proposed easements and show them on all concept and preliminary plats.
- ☐ Check if there are any public or private utilities on the property and show them on all concept and preliminary plats.

APPLICATION AND TEN COPIES OF PLAT ARE TO BE SUBMITTED AT LEAST 15 DAYS PRIOR TO THE NEXT PLANNING COMMISSION MEETING.

In applying for and signing this application, the property owner hereby grants permission to Municipal staff to access the property before and after the Planning Commission's review for the purposes of inspecting the proposed and/or approved parcels.

Applicant's Signature: _____ **Date:** _____

Owner's Signature: _____ **Date:** _____
(If different from applicant)

Fee Paid: _____ **Date:** _____

Receipt: _____ **Initials:** _____

